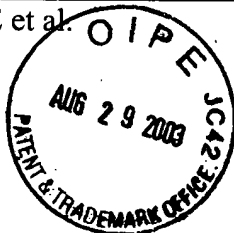


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#10

Applicant(s): FURUIKE et al.



Serial No.: 09/551,809

Filed: April 18, 2000

Title: DATABASE MANAGING
APPARATUS AND DATABASE
RECORD RETRIEVING
APPARATUS

Atty. Dkt.: 01-031

Group Art Unit: 2172

Examiner: LY, ANH

RECEIVED

SEP 04 2003

Technology Center 2100

Commissioner for Patents
Arlington, VA 22202

Date: August 29, 2003

INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §1.56, the references listed on the attached Form PTO-1449 are being submitted for consideration by the Examiner without any admission that they constitute statutory prior art, or without any admission that they contains subject matter that anticipates the invention or renders the invention obvious to a person of ordinary skill in the art.

The Examiner is requested to initial the attached PTO Form-1449 and to return a copy of same to the undersigned attorney as proof that the listed references have been considered and made of record.

As first and second Office Actions on the merits have been mailed in the above identified application, the fee due under 37 C.F.R. 1.17(p) is enclosed. Please charge any additional fee to Applicant's attorney's Deposit Account No. 50-1147.

09/03/2003 DABRAHAI 00000012 09551809

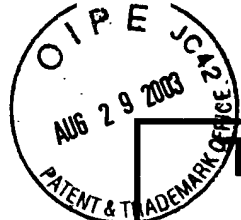
02 FEB1506

180.00 DP

Respectfully submitted,

David G. Posz
Reg. No. 37,701

Posz & Bethards, PLC
11250 Roger Bacon Drive
Suite 10
Reston, VA 20190
(703) 707-9110 (phone)
Customer No. 23400



This Form Based on PTO/SB/21

2172

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/551,809
Filing Date	April 18, 2000
First Named Inventor	FURUIKE
Group Art Unit	2172 SEP 04 2003
Examiner Name	LY, ANH Technology Center 2100
Attorney Docket Number	01-031

RECEIVED**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement with 2 references	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David G. Posz Posz & Bethards, PLC
Signature	
Date	August 29, 2003



FEE TRANSMITTAL for FY 2003 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/551,809
		Filing Date	April 18, 2000
		First Named Inventor	FURUIKE RECEIVED
		Examiner Name	LY, ANH
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit	2172
TOTAL AMOUNT OF PAYMENT (\$)		1110	Attorney Docket No. 01-031 Technology Center 2100

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																													
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 50-1147 Deposit Account Name: POSZ & BETHARDS, PLC <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		3. ADDITIONAL FEES																																																																																																																																																																																													
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(703) 707-9110
		Date	August 29, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.